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ABSTRACT

This booklet contains a 15-question rating form that provides some guidance to older drivers in beginning to assess their driving skills. The pages following the self-rating form discuss the various questions on the form. After a general introduction, the discussion is divided into five areas that traffic safety authorities have judged critical to safe performance: driving habits, physical conditions, emotions, health habits, and driving records and other indicators. The discussion is organized around why an item is important (facts) and what, if anything, can be done to overcome shortcomings (suggestions), so the individual can maintain safe driving performance or improve it. (YLB)

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DRIVERS 55 PLUS:

TEST YOUR OWN PERFORMANCE

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CAUTION

A Self-Rating Form of Questions, Facts and Suggestions for Safe Driving

by

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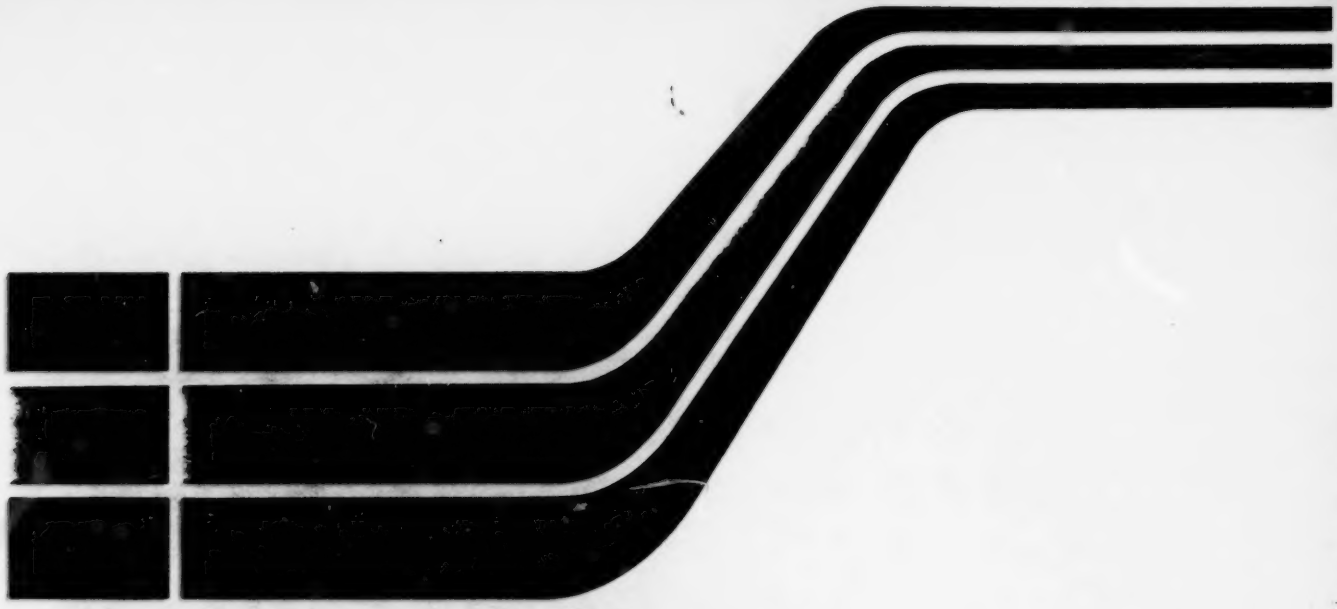


TEST YOUR OWN PERFORMANCE

By the year 2,000, one of every three drivers in America will be over 55 years of age. Freedom to travel by automobile—the way they prefer—will continue to be an important factor in their independence and mental health.

Almost everyone seriously concerned with traffic safety wants to keep older drivers on the highways as long as they can drive safely. Age should never be mistaken as the sole indicator of driving ability. In fact, drivers over 55 represent a wide range of ability, and no individual should have a license jeopardized solely because of age.

However, there is convincing evidence that the skills necessary for safe driving begin to deteriorate at age 55 or thereabouts, perhaps dramatically so after 75. There is also much evidence that aging drivers can cope safely with this decline. Toward that end it is important that they recognize their limitations and unsafe practices, and be aware of remedial actions—and that is the purpose of the older driver self-rating package.

The rating form on the next page is for your use alone. After answering the 15 questions, you will compute your own score and be advised of what it means. In a detailed explanation that follows the interpretation of your score, you will be informed about what measures you should take to cope with any of the deficiencies revealed; or you will be helped to understand when remedial measures may no longer be possible. *The central idea is to help you drive as long as possible with safety to yourself and others.*

Now, please turn to the next page and follow *Instructions.* ▶

DRIVERS 55 PLUS

INSTRUCTIONS: For each of the following 15 questions, check the circle ◉ of the **one** answer that most applies to you.

	Always or Almost Always	Sometimes	Never or Almost Never
1. I signal and check to the rear when I change lanes	○ GREEN	○ RED	○
2. I wear a seat belt	○	○	○
3. I try to stay informed on changes in driving and highway regulations	○	○ YELLOW	○
4. Intersections bother me because there is so much to watch for from all directions	○	○	○
5. I find it difficult to decide when to join traffic on a busy interstate highway.	○	○	○
6. I think I am slower than I used to be in reacting to dangerous driving situations	○ RED	○ RED	○
7. When I am really upset I show it in my driving	○	○	○
8. My thoughts wander when I am driving	○	○ YELLOW	○
9. Traffic situations make me angry	○	○	○
10. I get regular eye checks to keep my vision at its sharpest	○	○ RED	○
11. I check with my doctor about the effects of my medications on driving ability *(If you do not take any medication, check this box ☐ and skip this question.)*	○ GREEN	○	○
12. I try to stay abreast of current information on health practices and habits.	○	○ YELLOW	○
13. My children, other family members or friends are concerned about my driving ability	○ RED	○	○

	Note new headings → None	One or Two	Three or More
14. How many traffic tickets, warnings or "discussions" with officers have you had in the past two years?	○ GREEN	○ YELLOW	○
15. How many accidents have you had during the past two years?	○	○ RED	○

SELF SCORING: Count the number of check marks in the red circles and record the total in the red box below. Follow the same procedure for the green and yellow circles.

RED	YELLOW	GREEN

These are your Check Mark Totals.
For score and interpretation, see next page.

*AAA Foundation for Traffic Safety

SELF-RATING FORM

SCORING: There are 4 steps.

Step 1: Write your red and yellow Check Mark Totals from the previous page in the same color boxes to the right.

Step 2: Multiply the number in the red box by 5.

Step 3: Multiply the number in the yellow box by 3.

Step 4: Add the results of Steps 2 and 3.

RED [ ] X 5 = _____

[ ] X 3 = _____

YELLOW

YOUR SCORE IS _____

Interpretation of Score: The **higher** the score, the more the danger to yourself and others.

SCORE	MEANING
35 and over	STOP! You are engaging in too many unsafe driving practices, and are a potential or actual hazard to yourself and others. Examine the questions you checked red or yellow. Ask yourself how or if these conditions can be corrected, and what action you will take.
16 to 34 CAUTION	CAUTION! You are engaging in some practices which need improvement to ensure safety. See the red and/or yellow circles you checked for areas requiring change.
15 and below	GO! You are aware of what is important to safe driving, and are practicing what you know. Nevertheless see what red or yellow circles you checked. They are areas in which even you might improve your driving practices.

These scores are based on what you and other drivers 55 and over have told us about driving practices and habits as well as on research studies of older driver problems and needs. Your score is based on your answers to a necessarily limited group of important questions. For a complete evaluation of your driving ability, many more questions would be required, along with medical, physical and licensing examinations. Nevertheless your answers and score give some indication of how well you are doing, and of what should be done to improve things.

In general, a checked red circle for an item reflects an unsafe practice or situation that should be changed immediately. A checked yellow circle means a practice or situation that is unsafe, or on its way to becoming so, if nothing is done to improve it. Green is a sign that you are doing what you should be doing to be (and remain) a safe driver.

Most of the red and yellow answers represent practices or situations that can be improved by most drivers. The following pages discuss the various questions on the self-rating form you have completed. After a general introduction, the discussion is divided into five areas which traffic safety authorities have judged critical to safe performance—*driving habits, physical condition, emotions, health habits, driving records and other indicators.* As the discussion moves through these categories, you may wish to focus on what applies to the red and yellow circles you checked.

The discussion is organized around why an item is important (FACTS), and what, if anything, can be done to overcome shortcomings (SUGGESTIONS), so that you can maintain safe driving performance, or improve it.

DRIVERS 55 PLUS: DISCUSSION OF ANSWERS

INTRODUCTION

Driving involves starting a motor vehicle, joining traffic, operating it safely with minimum disturbance to other drivers, leaving traffic, stopping and getting out. A driver must perform a series of coordinated tasks with hands, feet, eyes, ears, and body movements, while making decisions about what he or she sees, hears and feels in relation to other cars and drivers, traffic signs and signals, conditions of the highway and the performance of the car. These decisions, usually made in close proximity to other vehicles, must be converted into braking, steering, accelerating or some combination to maintain or adjust one's position in traffic. And these decisions must be made frequently and quickly. About 20 major decisions are necessary for each mile driven, and drivers frequently have less than one-half second to take action or suffer an accident.

The record of older drivers is good when one counts accidents per driver, but bad when one counts the number of accidents per mile driven. Older drivers have fewer accidents because they drive less, and at less dangerous times. But when they have an accident, it can be very serious. In a two-car fatal crash, where one driver is 65 or older, the older driver is 3.5 times more likely to be killed.

What is responsible for the higher accident rate and fatality rate per accident of older drivers? Probably aging and the normal decline of the skills needed for safe driving. We do not see or hear as well, or react as quickly as when we were younger. And, for some of us, age-related illnesses such as glaucoma or arthritis are additional debilitating factors. Moreover when we are injured, we do not heal as quickly as when we were younger. What is moderate to serious injury for a younger person may be fatal for us.

However, there are actions we can take to stay safely on the road, and these will be discussed as you review your answers to the 15 self-rating questions. Discussion is organized about why a question is important (**FACTS**) and what can be done to improve your driving performance (**SUGGESTIONS**).

As we age, some of us try to deny we are beginning to lose the skills needed for safe driving, pretending that we see better or act more quickly than we do, yet a decline may be obvious to others. Or we can identify and respect our age-related shortcomings, and cope with them by taking constructive actions. We are urging the latter, and providing **SUGGESTIONS** toward that end—simply because for all of us, there will come a day when we can no longer drive safely. We hope **FACTS** and **SUGGESTIONS** will assist in planning for that day and recognizing it when it arrives.

The discussion which follows is presented in five categories of three items each: Driving habits (Items 1-3); Physical Conditions (4-6); Emotions (7-9); Health Habits (10-12); Driving Records and Other Indicators (13-15).

DRIVING HABITS (Questions 1-3)

Driving habits are everyday driving practices—from starting the car and joining traffic to leaving traffic and parking. Those habits either place us at higher risk or reduce the chance of accident.

1. I signal and check to the rear when I change lanes.

Even those of you who checked a red circle answer probably know that *"always"* is not only the best but also the only acceptable answer. However, what we know and what we do can be two different things. Good driving includes checking the rear view mirrors, looking to the rear to cover the "blind spots," and signaling before changing lanes.

FACT: Records indicate that one of the specific unsafe driving habits of older drivers is failing to look to the rear. In observational studies, older drivers report being unaware of having failed to look to the rear before changing lanes or backing up. The fact that some do not recognize that they engage in this dangerous habit might be due to gradual changes in driving behavior to compensate for chronic stiffness and/or pain in the neck and upper body due to arthritis. Older drivers may not be aware of how careless they have become because of the pain and difficulty of turning around to see to the rear. Furthermore they may lack knowledge of the importance of *"always"* checking to the rear because they have driven accident-free for a long time without following this practice—and have been lucky.

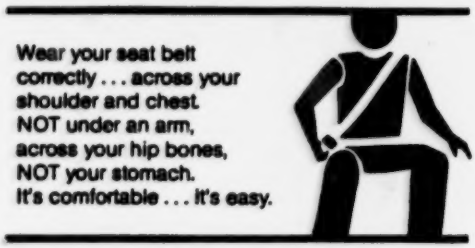
SUGGESTIONS:

- Understand that failing to check the rear can cause a serious accident.
- Honestly examine your own lane changing and backing behavior and resolve to improve if *"always"* is not your answer.
- If you have arthritis or joint stiffness, inquire through your physician and other sources about medications and exercises that might improve your flexibility.
- If stiffness, arthritic pain or other physical problems keep you from turning and looking to the rear as easily as you would like to, install a large, wide-angle rear-view mirror inside your car and a right-side mirror outside to aid in seeing to the rear. Make sure you learn to use the mirrors correctly because those of convex design can make objects appear much smaller and farther away than they actually are.
- Take a retraining or refresher course which highlights the problems of older drivers and suggests what can be done to reduce them. Check with the motor vehicle department to learn where such courses are given. The American Association of Retired Persons (AARP) and the American Automobile Association (AAA) have been active in this regard.

2. I wear a seatbelt.

The only acceptable answer is *"always,"* and that is true even if you are going to drive only a short distance under ideal weather conditions. Typical accidents for older drivers occur on clear days, on straight, dry pavement, and at intersections within 15 miles of the driver's home. But to be effective, seat belts should be properly worn (see diagram).

*Proper use of currently available safety belts is essential to avoid some belt injuries. Serious or fatal injuries can occur from improper use of safety belts: *i.e.*, the shoulder belt under the arm and/or the lap belt over the soft part of the abdomen.


Wear your seat belt
correctly . . . across your
shoulder and chest.
NOT under an arm,
across your hip bones,
NOT your stomach.
It's comfortable . . . it's easy.

*New York Coalition for Safety Belt Use
Medical Society, State of New York

FACT: One-half of all traffic fatalities of record could have been lesser injuries if the people had been wearing seatbelts. When involved in accidents, those 65 and older are more likely than younger persons to be injured or killed. Our bodies are not so resilient as those of the young and we don't heal as well. In a crash, there are two collisions: (1) the vehicle against another vehicle or object, and (2) the persons inside against the interior of the vehicle. The fastened seat belt protects you against the second collision. If your car is traveling 30 miles an hour, so is everything in the car including you and the passengers. If you hit another car or object, that impact will stop your car in 1/10th of a second. This is the first collision or jolt. It is immediately followed by the second collision, when the unfastened driver, passengers and all unattached contents fly forward through windshields, against dashboards or onto concrete outside. An unbuckled occupant in a 30 mph crash will hit the dashboard or windshield with several thousand pounds of force. Passengers who are thrown from the car are 25 more times likely to die. All of this at 30 mph. What happens at higher speeds is unspeakable.

The negative tales you may have heard about seatbelts, such as being trapped in a car which catches fire, are either myths or extraordinarily

rare events. *Properly fastened seatbelts are unquestionably the number-one proved available way to reduce injuries and fatalities following a crash.*

SUGGESTIONS:

- Accept the clearly demonstrated value of seatbelts in saving lives and reducing injuries. Convince those you love and who travel with you of this value. Then make sure that you and all who ride in your car wear them, properly fastened, at all times.
- If your seatbelt is extremely uncomfortable or cannot be properly fastened (see diagram), take it to a competent mechanic for appropriate alterations.
- If your car does not have an automatic reminder to fasten seatbelts, leave yourself a conspicuous note or some other device to remind you and your passengers. Many people, with all good intentions, simply forget.

3. I try to stay informed on changes in driving and highway regulations.

The best answer is *"always,"* but *"sometimes"* is obviously better than *"never."*

FACT: Drivers over 55 have a deficient knowledge of new developments in traffic regulation. Testing indicates that they are less familiar than younger drivers with the meaning of newer traffic control laws and devices. This deficiency encompasses such areas as right-turn-on-red laws, directional signals regulating lane use, and shared left-turn lane markings.

Knowledge of signs and symbols is vital for older drivers, especially because their ability to see and interpret these devices diminishes with age, and little is being done by highway engineers to improve the situation. The elderly themselves recognize the need to be current in these regards, to avoid the new situations they may meet on the road without knowing how to respond to them. Drivers of any age can be a menace if they do not know and follow "the rules of the road." But older drivers, not knowing the rules, can also be fearful and hesitant in traffic. That fear can be overcome through knowledge. Another reason for remaining current is being prepared for the changes one may suddenly encounter in the license examiner's office, where failure may result in revocation of the license.

SUGGESTIONS:

- Convince yourself that a knowledge of current traffic laws, devices, signs and symbols is essential for the safety of yourself and those with whom you share the road. Depending on experience alone to keep informed or to help you "slide by" could be a costly, injurious miscalculation.
- Obtain and study the current driver licensing manual for your state.
- Contact your state motor vehicle department, and ask what else you can do to keep up to date.
- Enroll in a driver or refresher course for older persons, such as one mentioned earlier.

PHYSICAL CONDITIONS

(Questions 4-6)

Driving requires *sensing, deciding* and *acting. Sensing* means being alert through all senses to what is happening in traffic. Most such clues reach us through our eyes; some through our sense of hearing, a few through touch and smell. After we pick up cues for action through *sensing,* we then have to decide what to do about them. *Deciding* refers to all of the thought processes which occur between our impression of events and our response to those events. We must assess actions we might take, and choose those least likely to cause an accident or interfere with traffic.

After *deciding* what to do, we have to translate our decision into *acting:* braking or accelerating, steering, signaling, etc. . . Unfortunately for us older drivers, aging reduces our ability to meet these requirements, singly and in combination. Though we age at different rates, in different ways, in general we hear and see less well; we process information more slowly and act less quickly. Adding to the driving difficulties of some of us, are such conditions as cataract and arthritis.

4. Intersections bother me: there is too much to watch for from all directions.

Ideally you might like to answer *"never,"* but if you checked the yellow circle *"sometimes"* or the red circle *"always,"* you are not alone. Intersections are complicated centers of fast-moving

traffic, and it is difficult to "take them in" all at once.

FACT: Intersections are one of the more common sites of accidents involving older drivers (particularly when they are turning left). Intersections can be the "acid test" of how well you are doing as a driver. Certainly the more complicated intersections are among the most grueling experiences a driver faces: they enable you to judge whether your *sensing, deciding* and *acting* abilities are adequate for today's fast-paced traffic, or whether they are in need of improvement. If improvement seems unlikely, avoid the more complicated intersections whenever possible.

SUGGESTIONS:

- Take a good look at your driving skills and at what bothers you most at intersections. Is it an inability to handle all the information quickly enough? Is it unsureness about how to position the car for a left or right turn? Is it difficulty turning the steering wheel because of arthritis or some other physical problem? Sometimes this sort of analysis can lead you to solutions.
- Perhaps you simply do not understand what you are supposed to do at intersections and when you are supposed to do it. Studying an intersection while you are on foot may help you to negotiate it later in a car.
- Enroll in an older driver retraining course. What you learn may give you the confidence to recognize that you can do or are doing everything correctly at intersections, and that they are not as dangerous as they once appeared.
- Plan your trips to avoid busy intersections and/or use them at less congested times. Plan an alternate route to avoid left turns from busy intersections.

5. I find it difficult to decide when to join traffic on a busy interstate highway.

Most of us would like to answer *"never,"* but if you checked *"sometimes" or "always,"* you would not be alone in expressing feelings of insecurity and nervousness about entering a busy interstate highway. Older drivers admit to a lack of confidence and feeling nervous on such roads. Because they dislike the speed of traffic and the number of cars on interstates, some say they never use them. That is unfortunate, for they are the safest of all roads.

FACT: On the basis of miles driven, freeways show considerably lower fatality rates than conventional two-lane, two-way highways. The decision to use or not use a busy interstate is based on personal feelings of ability to drive on it safely. Interstate highways were built long after most of the elderly learned to drive. If they were living where interstates were convenient and often traveled, they probably gained experience to feel confident about driving on them. However, other older drivers, especially women who did little if any driving until late in life, and people living in rural and suburban areas, probably had little experience with interstates and consequently are fearful of what they "don't know" about them. In addition there are more cars, faster traffic and more congestion. Unless older drivers have stayed informed of these changes, and have made them part of their everyday driving experience, freeways can be intimidating.

Of course aging and the normal decline in sensing, deciding and acting abilities can make an aware individual fearful about interstates. The reasons most often expressed are that "people drive too fast on them," To some older drivers, these may be valid reasons for avoiding interstates. But greater knowledge of proper operating procedures on them might encourage greater use. It would be unrealistic to avoid our safest highways in the name of safety.

SUGGESTIONS:

- Judge where you are in relation to the knowledge and skills needed to drive on interstates. Be honest with yourself.
- If you decide you do not know enough about them, and that reluctance to enter them may in part be "a fear of the unknown," take a driver refresher course to learn how to use interstates properly.
- If you decide you have the ability to drive on interstates safely, ask an experienced, safe driver to ride with you and suggest what you should and should not do. Then *practice* when traffic is less congested.
- If, regardless of what you learn to do, you still are nervous and have doubts about driving on

interstates, try to avoid them. You are your own best judge of whether they are safe for *you*, regardless of how safe they may be for others.

6. I think I am slower than I used to be in reacting to dangerous driving situations.

"Never" is the only satisfactory answer here. Emergencies and dangerous situations may be relatively uncommon, but fast and safe reaction to them is essential. While good *sensing, deciding* and *acting* are all necessary for safe driving, these skills come together in acting—what you do or fail to do quickly enough to avoid an accident. It is in acting that older drivers most markedly demonstrate a slowing down.

FACT: **Older drivers have trouble integrating information from several sources at once, and therefore respond less quickly to hazardous situations.** We are all subject to the physical and psychological changes of aging, but some of these changes can be hazardous to our driving. The increased accident rate per mile of travel beginning between ages 55 and 65 parallels certain age-related declines in driving skills. Our response as drivers represents a series of events beginning with what is seen or heard, then giving meaning to this information, judging what action is necessary, and sending instruction to the appropriate muscles to respond. This response—the "bottom line" in avoiding an accident—is dependent on the total bodily system.

Changes in the muscles and bones account in part for the increase in the rates of accident and severe injury of drivers over 55. Reaction time is necessarily increased by arthritic joints and tight musculature, and joint flexibility and muscle strength diminish with age. But there *are* steps that most drivers can take to improve their response to dangerous situations.

SUGGESTIONS:

- Enroll in an older-driver refresher course where you can learn to increase your ability to organize information more rapidly and to anticipate and avoid dangerous situations.
- Avoid, when you can, driving in congested, complex, fast-moving traffic.
- Keep yourself physically fit and mentally stimulated, and avoid driving if you are tired, ill, or have taken any drug (including alcohol) that will slow your mental or physical responses.
- Under supervision, engage in exercise to maintain or increase the flexibility of your joints and your muscular strength.
- If joint and muscle impairments are serious, investigate medical and surgical therapies. Anti-inflammatory drugs and various surgical procedures, including total joint replacement, will in some cases lessen impairment sufficiently to permit safer driving.
- Identify and obtain devices—such as power steering, power brakes, power seats, wide view mirrors, etc.—that compensate for losses of flexibility and strength.

EMOTIONS (Questions 7-9)

Emotions are those strong feelings that can control our behavior as we interact with the automobile, with other people, and the environment at large. One example would be hostile or aggressive feelings directed toward other drivers; another would be inattention to driving because thinking is directed to other personal situations. Driving, as we have said, is a complicated task requiring continuous concentration. Highly emotional states which interfere with this concentration are dangerous.

7. When I am really upset I show it in my driving.

The only acceptable answer is *"never."* It takes only a brief acting out of emotions or a moment of inattention to produce an accident. Anger is an emotion to keep out of the car when you are in it with the motor running.

FACT: **"Man drives as he lives."** As we age, experience and good judgment can help us continue to be good drivers. However, the consequences of aging are not always pleasant, and may generate hostilities that we direct toward others—in some cases, drivers. Most of us are extensions of what we were in our youth. If we were aggressive and hostile on the road when young, we are likely to be much the same today. The difference is that now, because of decreased driving skills, we may not have the ability to recover from those dangerous highway situations that arise out of aggression and hostility.

The saying that "man drives as he lives" is supported by generations of research. Those in trouble with driving are usually in trouble in other life situations. The "milk toast" person at home or office who turns aggressive on the highway is largely a myth. Some people have a free-floating hostility which is in fact permanently indwelling anger that shows itself frequently in response to trivial happenings. These people find too many things to get upset about and get angrier than the situation calls for. In driving, as in other activities, they are impatient, aggressive, and hostile.

One remedy for getting the anger out of the car may be to get it out of one's life. If we are willing to examine the attitudes that control our behavior in the outside world, we may be able to shift from a "hazardous lane" to a "safer lane."

SUGGESTIONS:

- When you know that you are very emotional about something, delay driving until you have calmed down.
- As we age, we tend to slow down and become more cautious. We may even control our anger, at least outwardly. But it may seethe inside us. Unless we have a healthy "release valve," however, the bottled up anger can literally "pop the cork" and lead to physical illness or explosive situations—in the daily rounds of life as on the highway.
- Awareness is the first step toward controlling anger. The second step is handling it in a healthy manner such as a vigorous walk—several times around the block, or more if necessary; or a talk with a friend or a professional counselor. Getting behind the wheel in a high emotional state—whether joy or anger—diverts attention from the driving task, and invites trouble.

8. My thoughts wander when I am driving.

The ideal answer is *"never,"* but even the best drivers catch themselves at this *"sometimes."* However if you checked the red circle for *"always,"* you are a dangerous driver—"an accident looking for a place to happen." Driving, we say again, is a complicated and demanding task. It takes continuous concentration, and even momentary lapses can lead to danger.

FACT: Investigations of accidents and fatalities of older drivers, particularly those over age 65, show errors of omission (failing to take some action) and inattention as underlying causes, or at least as contributing factors. Not seeing road signs and stop signs, failing to yield, and so on, are major problems of older drivers cited for violations and/or involved in accidents. They are thought to be due to inattention—i.e., driving while thinking of other things. When we allow any strong emotion such as joy, anger or sadness, to distract us from the driving task we are wide open for accident. Driving is a complex task, involving all the senses, split-second decision making, and quick, decisive action. The first rule for all drivers should be undivided, concentrated attention to that demanding task.

Yet many of us have seen drivers in animated conversation and looking at others in the car with minimum attention to the road. Still other drivers will drink coffee or try to glance at a newspaper while underway. In an emergency they may not be able to return from their diversion in time to take evasive action. Advancing age brings with it a slowness of recovery. Many conditions can interfere with our ability to concentrate: emotional upset, fatigue, illness, medications, alcohol, full meals, pain, a loud radio, lack of oxygen to the brain. The least we should do is not let our minds wander.

SUGGESTIONS:

- Make up your mind to accept driving as a complicated task requiring your full attention.
- If you catch yourself "daydreaming" or otherwise failing to concentrate on your driving, identify what is diverting you and try to overcome it.
- Take the necessary steps to remove or reduce distractions, whether they are those over which you have control or those for which you will need help.

9. Traffic situations make me angry.

The best answer is *"never,"* but those who have been stuck in traffic long periods understand the checking of *"sometimes."* However, a red circle *"always"* reveals that some changes are needed.

FACT: Anger behind the wheel comes out in dangerous ways. Most people trapped in slow moving traffic feel frustrated. Eventually

their frustration leads to anger. Most drivers, however, direct their anger at the situation, not at other people. Those who "take it out" on other drivers and blow their horns and gesture are responding irrationally to anger. They may check their watches often; they may drive very fast and erratically when there is any opportunity to close an open space in the jam. It becomes clear that traffic is giving them the opportunity to act out their anger. What is less clear is that they are probably angry and troubled about other aspects of their lives. Traffic is merely a convenient outlet.

Fear, too, can generate anger. Older drivers afraid of finding themselves in confounding traffic situations and not knowing what to do sometimes respond with anger—in the actual situation, or even in contemplation of it. Or they may be afraid of drivers who go too fast or cut them off. Again they may respond with anger. The danger is that anger will make them less rational and impede their driving abilities.

Furthermore, out of anger drivers may be tempted to take risks they otherwise might not take. Many older drivers so tempted do not recover their skills quickly enough to avoid trouble.

SUGGESTIONS:

- Accept the fact that anger will do nothing to get you out of irritating traffic situations. On the contrary, it may get you into accidents.
- Recognize when you are becoming angry. Then examine why anger seems to reach irrational proportions. Say to yourself, "Why am I getting upset?" And try to take the necessary corrective steps. Keep cool.
- Try to avoid the kind of traffic you know is likely to generate anger. The smoother the traffic flow, the less the anger, the fewer the accidents.
- If you are converting fear of traffic into anger, try to take the steps necessary to overcome the fear. Perhaps the knowledge and special training through the older-driver courses will help. You can at least make an effort.

HEALTH HABITS (Questions 10-12)

Health habits are those everyday practices having to do with exercise, nutrition, and mental condition. Good health habits help keep our minds and bodies in top condition. They should include regular visits with professional care takers for checkups and preventive health education. Good health habits improve the *sensing, deciding* and *acting* skills required for safe driving. Good vision can keep us out of accidents. Remaining mentally alert can help us to decide more quickly. Exercise can improve our flexibility and strength of response in driving maneuvers. Good nutritional practices can strengthen our bone structure against injurious accidents.

We are, for the most part, in control of our own health practices, including some such as drinking and driving, which are directly related to traffic accidents and fatalities. Whether we exercise this control and do our best to preserve our good health, mobility and independence is up to us.

10. I get regular eye checks to keep my vision at its sharpest.

The only acceptable answer is *"always."* The "eyes have it" when it comes to the influence of good health habits on safe driving.

FACT: Eighty-five to ninety-five percent of all sensing clues in driving come through the eyes. Poor visual capacity is directly related to poor driving. Reduced performance from faulty vision shows up in slowed response to signals, signs and traffic events in ways that can lead to an accident.

Decline of visual acuity—the ability to see detail—comes naturally with aging. After age 45, most people need glasses to see well either at a distance, or up close, or both. The ability of the eyes to focus decreases with age, and it becomes more difficult to change focus from distant to near objects and vice versa. The pupils become smaller, the muscles less elastic, and the lenses become thicker and less clear. Thus the need for more light.

The amount of light required to detect a given object doubles every thirteen years. A 45-year old driver must have four times the light required by a 19-year-old. This is only one of the factors that make night driving especially difficult for seniors. The elderly also have a lower tolerance for bright lights; they more easily suffer temporary blindness from the headlights of other cars. As lenses of the eye age, they thicken and become yellow, causing light to scatter when it enters the eye, thereby producing

a fogging vision and glare. Older drivers do not recover from glare as quickly or fully as younger drivers. A 55-year-old takes eight times as long to recover from glare as a 16-year-old.

Peripheral vision, the ability to see to the side while looking straight ahead, also diminishes with age. This may explain why older drivers have trouble picking up information from the side of the car. Ninety-eight percent of the visual communication that a driver receives comes through peripheral vision. Those with poor peripheral vision in both eyes have accident rates twice as high as those with normal peripheral vision. It becomes more difficult to distinguish color as one ages, and traffic signals may appear dimmer. Red colors do not appear bright to many older eyes, and it may take some senior drivers twice as long as it took in earlier years to detect the flash of brake lights.

Another visual ability that declines over the years is depth perception: how close or how far you are in relation to a car or object ahead. This capacity is especially critical when trying to judge how fast other cars are coming.

Such medical conditions as cataract, glaucoma, and diabetes are more common with age, and can also be dangerous for driving. In short, many conditions can worsen the driving ability of older drivers; awareness of these conditions is critical for the next step—doing something about them.

SUGGESTIONS:

- First and foremost, establish periodic examinations with your eye doctor. Tell the doctor that you are interested not simply in an "eye chart" test but in a thorough examination that will help you to remain a safe driver. Take the corrective steps recommended. If eyeglasses are prescribed, keep them up to date by letting the doctor know at once if they are not working well for you.
- Enroll in an older driver retraining course where you can learn specific techniques for coping with the limits imposed by aging eyes. Improvement will come through your own efforts and/or through special devices that can be installed in your car.
- Accept the limits of "aging eyes," and reduce the amount of driving you do after dark and at twilight (one of the most dangerous times). The chances of having an accident are three times greater at night than in daytime.
- Avoid tinted windshields, and always keep your windshield and headlights clean.

11. I check with my doctor about the effects of my medications on driving ability.

The only acceptable answer is *"always."* Some of the most innocent sounding medications (including those purchased without a prescription) can have a negative effect on driving. Even a one-time lapse in checking what that effect might be can produce unfortunate consequences. The drugs that slow us down generally reduce our capacity to *decide* and our ability to process information rapidly enough to maneuver the vehicle safely. Another drug (which many may not think of as one) with this same effect is alcohol—probably the single most important human factor in fatal accidents for drivers over 65 (as well as for younger drivers).

FACT: Twenty-five percent of all drug prescriptions go to people over 65, who make up 11 percent of the total population. Older people consume more drugs than any age group. Some of them suffer multiple medical problems and chronic illnesses requiring not only daily medication, but combinations of medications. Frequently they are unaware of the possible effects of these medications on their driving ability. Why? Because there is no communication between them and their medical doctor about the matter, and there may be no understandable statement about the side effects in the instructions on the prescription container.

Furthermore, some older people may be under the care of several doctors, all writing prescriptions with little or no knowledge of what others have prescribed. The drug mixtures of several prescriptions can induce unpredictable reactions and side effects. We may be sure, however, that if these have an effect on driving skills, it will be a negative one. All the more so for older persons because of their increased sensitivity to medication and their susceptibility to unusual reactions. While one might be wary of the effects of prescription drugs, even those sold without prescription (over-the-counter) can reduce driving ability. Cold tablets, cough syrup and sleeping pills are among these.

It is important to avoid alcoholic beverages when taking other medications. With few exceptions, the combination of alcohol and other drugs increases the impairment of driving skills that would occur with alcohol or certain other drugs alone. Together they make a potent additive that in extreme cases can cause coma or death. In relation to driving, the only safe practice is to avoid alcohol altogether if there is a chance of driving. Half of all traffic fatalities involve someone who has been drinking. There is no question that alcohol lessens the skills required for safe driving. One's tolerance of alcohol decreases steadily with age, apart from any personal history of drinking. Alcohol has a powerful impact on our total system, physical and psychological. All other things being equal, whoever starts drinking at age 60 will become intoxicated much faster on less alcohol than a 35-year-old taking a first drink. Older people are also less efficient at ridding the system of alcohol; and food, mood, fatigue, medication, general health, weight, size of body can all make a difference in predicting overall effect.

Taking into account the deterioration in skill over which aging drivers have little or no control, it simply makes good sense to avoid drinking then driving. Why push our luck? Furthermore, heightened public concern with the tragedies of driving while intoxicated has led to costly penalties, including high fines, jail and revocation of license—extraordinarily uncomfortable consequences at best.

SUGGESTIONS:

- Convince yourself that even prescribed medications may have a negative influence on your driving skills.
- Check with your physician to determine what the side effects of a prescribed medication might be and what, if anything, you can do to counter them, particularly as they apply to driving. If more than one physician is prescribing for you, make sure all of them know about all the drugs you are taking, whether prescribed or not.
- Read all labels and instructions on prescriptions and over-the-counter drugs to determine side effects and their relationship to when and where you should or should not drive.
- Keep telling yourself that the only safe action at your age is not to drink alcoholic beverages at all if you intend to drive, and not to ride with anyone who has been drinking. There are many ways to accomplish this. You probably know some of them from television, newspapers and other sources. But you have to choose a way that works for you. The driver retraining courses referred to throughout this discussion provide opportunities to explore effective countermeasures. Just another very important reason for enrolling.

12. I try to stay abreast of current information on health practices and habits.

Our preferred answer is *"always,"* but we cannot always do all the things we want to do; *"sometimes"* is therefore understandable. However, a *"never"* red circle answer would seem to identify one who has given up on personal health, or who may feel loss of control over it. In relation to driving, this could be someone just waiting for the inevitable—perhaps the revocation of a driver's license because of unsafe performance. If this is true of you, the better way is voluntarily to turn in your license before somebody is injured, and to plan alternative transportation. However, remaining up to date in terms of preserving our health and our driving skills is very much within the control of most of us. We are going to try to convince you of that, and tell you why it is important.

FACT: Four-fifths of the two million annual deaths in the United States and more than half of the disabilities caused by chronic disease are closely related to personal health habits and behavior. Individual life styles have a direct relationship to longevity and the quality of life. It all begins with your attitude about how much control you believe you have over the quality of your life, and ends with how much of it you are willing to exercise.

It has been said that the greatest discovery of our generation is that human beings, by changing their attitudes, can change the outer aspects of their lives. Those of you who answered *"always"* are presumably always on the lookout for new information about ways to improve how you feel and act, and how you can attain and keep the life style which gives you the most satisfaction. In relation to driving that means the mobility and the independence that come with keeping

your license.

And you will do all you can to keep it. This will include ways to remain alert and quick to respond in driving, and ways to keep up to date in health habits and the requirements of safe driving. Following these ways will help you to feel confident and in control of yourself when you drive.

Unfortunately, not everyone is an *"always"* person, and the people least likely to change behavior for the good are the ones most at risk. We wonder if they know what they are missing. If they have simply given up, they should be told there is reason to become interested again. True, we have repeated throughout this discussion that with age comes a reduction of driving skill. But even though research points to changes in the central nervous system as the culprits, it appears *"possible that life habits of physical exercise reduce the extent of slowing with age; increased motivation may do this too. Practice reduces the extent of slowing, and extended practice may eliminate it completely. Finally, it is most important to recognize that whatever the significance of the slowing with age, the magnitude of the individual differences is very great. Very many old people are quicker in responding than many young adults."*

And there you are! One of the purposes of this self-rating form is to help you become, if you are not already, an "activated driver"—one of those who assume responsibility for their own driving skills and who self-examine and compare their ability with the requirements for safe driving. The premise of the form is that through knowledge and self-awareness you will understand what a safe driver is and will assume the responsibility to remain or become one, or decide to give up the driver's license and seek other means of transport. Furthermore we want you to appreciate fully the close ties between personal health habits and driving skills. The attitude that encourages you to remain informed on health practices probably will also help you to feel in control of your future as a driver.

SUGGESTIONS:

- Think realistically about how much control you have and/or want in terms of health habits as they relate to your life in general and to your driving.
- Learn the relationships between good health practices and their meaning for your future as a driver. Keep in mind that the slowness that comes with aging can be restricted or overcome by motivation, regular exercise and practice.
- Take as much control as you can of your health habits and life style, recognizing the obvious connection between command of personal health and skill in driving.
- Understand the value of nutrition, exercise, medical check ups, and the effects of medications, drugs and alcohol.

RECORDS AND OTHER INDICATORS

(Questions 13-15)

There are numerous ways we receive "feedback" on our driving ability. Police cite us when we disobey a law; and, if we are convicted, the citation becomes part of our driving Record. If we have an accident exceeding a defined degree of seriousness, regardless of fault, that too becomes part of our Record, including the one kept by our insurance company.

Concerned family members and friends may point out that we are dangerous drivers and that we should either take steps to reduce the danger or give up our license. That recommendation is often made, but seldom followed. Few older drivers voluntarily surrender a license. It is too important to them. In fact, it is so important that it distorts their own ability to accept the fact of their dangerous performance so obvious to others. They deny they are doing as poorly as the records and other indicators reveal. This self-rating form is one way to persuade older drivers to be more realistic about their driving. It contains Suggestions on how to maintain and enhance their skills and overcome their deficiencies.

Its purpose is also to compare our own impression of how safely we drive with what is suggested by records and other indicators. Not unlike people of all other age groups, we act on what we believe to be true, more so than on what may in fact be true. Therefore it is hoped this self-rating will help us to see ourselves as clearly as possible, so that we can take whatever action seems warranted in truth, in the best way we can find it.

13. My children, other family members or friends are concerned about my driving ability.

"Never" is the best answer here, but most of us probably have been aware of critical comments on our driving. We might have felt that the critics were worse drivers than we, or were just generally afraid in certain traffic situations, no matter who was driving. And we may have been correct on one or both counts. However, when we check the yellow circle *"sometimes"* or, more especially, the red circle *"always,"* we have a more valid reason to pay attention than we would like to admit.

FACT: Drivers over 50 have the highest misconceptions of the actual risk of having an accident. These misconceptions grow with age. Furthermore older drivers underestimate the relationship of their own actions and problems to accident risk. Over 80% of the senior drivers surveyed feel they have total control over accidents; and 90% believe the cause of any accident involving their vehicle lies outside their own behavior. The denial that one's own self has age-related problems is a dangerous supposition, especially when applied to driving.

There is little doubt that denial is a psychological method of coping, because admitting that one is less able or less in control, would be opposed to the American values which venerate youth and the capacities and energies associated with it. Denial in relation to driving abilities is reinforced because the giving up of a license is an extremely traumatic event: it relates not only to life style, but, for many, to survival—and with good reason, for only 15% of the American population has access to mass transportation. It is understandable, then, that older drivers resist comments that threaten the continuance of driving. Yet these are voices to be listened to—at least for clues about how we might improve.

SUGGESTIONS:

- Lend an open ear to the comments of those concerned about your driving, and keep an open mind. Be sure you are not dismissing the value of these comments out of denial: burying your head, ostrich-like, in the ground.
- Look for clues to overcome the dangers of those comments you judge valid. It is possible that a retraining course or such corrective action as treatment for faulty vision or other physical problem might help. So might more caution in relation to medications and alcohol.
- Begin to prepare for the day when driving will no longer be possible for you. With adequate planning, a non-driving life may not be so bad as it seems.

14. How many traffic tickets, warnings or "discussions" with officers have you had in the past two years?

Of course *"none"* is the preferred answer here, for it would be a sign that you are doing everything you should be doing to remain a safe driver (or—between us—that you haven't yet been caught doing things you should not be doing). *"One or two"* might mean that you are not as current as you should be on laws and rules of the road; this shortcoming can be handled in ways already discussed in these pages. *"Three or more"* demands a serious look at how you are driving, a look free of the denial we have described. To be stopped many times suggests that you must be driving dangerously a good part of the time. If little can realistically be done to reduce that danger, you should make alternate plans for transportation.

FACT: Some older drivers are aware of their limits and cope with them. Others, however, overestimate their real capabilities and their compensatory behavior is not adequate. They do not always have a clear impression of their driving problem, and may even feel that their driving is good when it really isn't. When questioned about their most obvious errors, most of them claimed to be unaware that they had made those errors. The most cited problems of older drivers include failure to yield, failure to observe signs and signals, careless crossing of intersections, changing lanes without due regard for others, improper backing, and driving too slowly. Inattention and stimulus overload (i.e., too much information to handle well) seem to lie at the root of most of these conditions.

SUGGESTIONS:

- If you have received traffic citations or "warnings," examine the details for the probable

causes. If one cause appears to be inadequate knowledge of traffic regulations or specific signs and signals, find out where you can obtain the latest information. Get it and learn it. If citations are due to a physical condition (such as poor vision, resulting in missed signs and signals), try to have the condition corrected. If the citations seem to be caused by inattention, resolve to pay constant attention behind the wheel. If the problem seems to be information overload—inability to take everything in quickly enough to act properly—look for an older driver retraining course.

• If causes of citations seem deeper, reexamine those about which you can do little by yourself. Perhaps you can find some improvement through devices installed in the car. Keep in mind that what should be done, should be done quickly, for citations relate directly to accidents; and one citation can be a warning that trouble is coming unless some changes are made.

15. How many accidents have you had during the past two years?

Once again, *"none"* is the most desirable answer. Depending on the severity, *"one or two"* can be one or two too many. If you answered *"three or more,"* we are thankful that you are here and able to participate in this self-evaluation experience, and, if you will admit it, so are you.

FACT: An accident is the best predictor of another accident. One accident is often a signal that others are on the way. Typical older-driver accidents occur on clear days, on straight, dry pavement, and at intersections within 15 miles of the driver's home. Ninety percent of these generally show lower speeds than similar accidents among younger drivers. They involve more than one vehicle, and result in less serious vehicle damage. But injury rates are higher for seniors.

Older drivers are likely to be held at fault for many of the same reasons for which they receive citations: failing to yield, not observing traffic signs and signals, careless crossing at intersections, improper turning and lane changing, and careless backing. Furthermore seniors with the most recorded accidents do most of their driving under conditions conducive to accidents —at night and in bad weather. They also have a higher incidence of medical conditions (e.g., heart and artery problems, arthritis, broken bones, visual and hearing problems, and diabetes).

However, basic to a considerable number of the actions (or non-actions) that produce older-driver accidents are inattention, and a slowness in processing information and taking the required action. If older drivers honestly confront themselves, they may begin to admit that they do not see well at night, have missed signs, are nervous in traffic and are defensive about their own driving skills. It is to be hoped that such admission will lead to corrective actions.

It may also help eliminate their attempts to deny their lowered ability to cope safely with traffic situations. This denial is probably the older driver's most pervasive danger because it encourages continuation of a degenerating driving behavior without seeking ways to improve it. Without correction, this situation can lead to tragedy.

Not to be forgotten is the possibility that a driver at fault can see his financial resources wiped out by high liability claims, even when insured. To the older person who has lived conservatively in order to remain financially independent or to leave a "nest egg" to heirs or a worthy cause, this can be an ironic turn of events indeed, tragic enough to ruin the twilight years.

SUGGESTIONS AND CONCLUSION:

• As the records tell us, most older drivers do pretty well, and we can be proud of being among them. They recognize many of their own problems, and a lot of advice we have been offering in these pages they do not need. Many of you already compensate for the limits you see in yourself as drivers. You avoid night time driving, dense traffic periods, and the personal behavior and life style that contribute to accidents.

However, it is important to recognize that many traffic changes have occurred in our lifetime, and that it is equally important for us to update ourselves on these to remain safe drivers. Furthermore, few of us have had any formal training as drivers, and there is much new knowledge about good driving practices that can improve traffic safety for all.

Many of our shortcomings can be dealt with

through older-driver refresher courses. Check with your state motor vehicle department to find out where courses are available. As we have said, The American Association of Retired Persons (AARP) and The American Automobile Association (AAA) have been active in such offerings. If you discover that no course is available to you, urge the above named organizations and your local community college to institute one you can take.

• We hope that as you reviewed your score and the meaning, explanations and suggestions for the yellow and red circles, you became more aware of ways to improve your driving performance. Keeping the driver's license is critical for our mobility, our independence and our well being. We have shared with you all we can toward that end within the framework of this self-rating. We repeat the central idea: to put you more in control of your own future as a driver and to suggest steps you should take to retain that control and continue to drive safely.

Remember, this self-evaluation is only one step—a motivator—to a more comprehensive and continuing evaluation of your driving abilities. For a more complete assessment, as this might become required, many more questions would be necessary, along with medical, physical, behind-the-wheel and written or oral examinations of traffic knowledge.

• No matter how good we are at driving, there comes a day when we must give it up to avoid injury to ourselves and those with whom we share the road. In our own self-interest we should delay that day as long as we can. But when our self-examination and other inputs tell us we can no longer correct our shortcomings adequately enough to drive safely, we must plan for other ways to get around. ■

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